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ABSTRACT

This report discusses in detail the development and operation of the Open Door, a peer counseling center at the University of Miami, in operation since 1970. It includes the historical development, a description of the volunteer workers, the training program, and research programs concerning the Open Door. Broadly speaking, the workers provide information, counseling, referrals, and crisis intervention on topics varying from birth control to academic problems to drug use. The workers also hand out informational literature and sponsor educational forums on topics such as birth control and homosexuality. (Author/FFS)

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THE OPEN DOOR:
A CAMPUS PEER COUNSELING CENTER

A program report presented at the annual meeting of the Southeastern
Psychological Association, May 6, 1977, Hollywood, Florida.

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Introduction

Malcolm Kahn, Ph.D.

The Open Door is a peer counseling center which has successfully operated for the past seven years at the University of Miami. It is run by undergraduate and graduate student volunteers under the supervision of the psychologists at the Counseling Center. To utilize the Open Door, a student may either walk in or phone. It is conveniently located in an apartment between two major dormitories and is currently open every night during the school year between 7 P.M. and midnight. The Open Door is supported by a fifty-cent fee paid each semester by students.

The functions of the Open Door have largely been defined by its users, the students at the University of Miami. Open Door Workers provide information, counseling, referrals, and crisis intervention on topics varying from birth control to academic problems to drug use. The Open Door also hands out informational literature and sponsors educational forums on topics like birth control and homosexuality. A psychologist from the Counseling Center staff is always on call for assistance with crises if necessary.

This presentation will feature a detailed discussion about the development and operation of the Open Door. Art Brucker will begin by recounting the historical development of the agency. I will follow with a description of the Open Door workers, followed by Yvonne Oudry who will describe the training program. Barry Zwibelman will report on research programs concerning the Open Door. Finally, Tom Bonner will present the Open Door from the viewpoint of a clinical psychology graduate student. He is currently the Open Door's Graduate Assistant, a key role in the administration of the service.

HOW THE OPEN DOOR BEGAN
by
Arthur Brucker, Ph.D.

Back in 1970 when the Open Door was in the pangs of birth and not yet given a proper name, the "Woodstock Generation" was still the promised land to young people and the "counterculture" folks hadn't quite yet gone public. Beards, long hair, braless bosoms, and all the other counterculture cosmology still seemed to symbolize an active antagonism to the "America, love it or leave it" atmosphere of the Vietnam war era.

Drugs had been around for some time but with ever increasing numbers of students using them, administrators, parents, trustees, and faculty were still pretty much at the "reefer madness" stage of viewing the situation. A student caught smoking grass in the dorms might still be summarily kicked out of school because he was either a law-breaker or a sick kid. If you think that was anachronistic, remember that was the year that Jimmy Carter called his opponent in the Georgia Governorship race an "ultra liberal" because he had shared a platform with Hubert Humphrey.

The yet to be named "Open Door" began in the Fall of 1970 when a group of second year graduate students in Clinical Psychology approached one of the psychologists at the University of Miami's Counseling Center. Perhaps it didn't happen exactly like that; we didn't at the time think the moment momentous enough to tape record or chronicle it, so our recollections of the exact chemistry of the event are somewhat garbled. It is important however, to know something about the people who activated the thing. The graduate students were restless and dissatisfied. They had come into Clinical Psychology because they were "people oriented". They wanted to acquire and develop skills which would be used to work with and help people and especially

because of the tenor or the times, work with people of their own generation. They were not satisfied with the extent of clinical experience they were getting in their program, the civil rights fervor had peaked, women's rights and gay rights were still to come and old folks were still the enemy. Ecology was coming on strong but it was not their thing. The psychologist they got together with was a person they could identify with and who identified more with them than he could with the other psychologists. He had been active in Dr. Spock's forlorn quest for the Presidency and his mecca was Woodstock rather than wherever APA had held its convention that year.

I think too that they all, students and psychologist, were feeling a little guilty about the Vietnam business. I can't document this because I never asked them, and if I had thought to ask which I hadn't, they would probably have laughed at me. But anyway they were all fine, idealistic people adamantly opposed to the war who had gotten off lightly. None had gone to jail, none had gone to Canada and none had gone off to war. I can't believe this left them unaffected, and I do believe this had something to do with their volunteering to spend precious spare time in the evening to "help" people their own age.

Against this background loomed the drug situation. They knew and we knew that there were many students "out there", with heavy problems, who were also into drugs who might be very wary of approaching establishment types, people who were paid by the University and seemed to lead conventional lives. Wary because they feared that if their drug usage came to light they might be betrayed to parents or administration or wary that only people akin to themselves could empathize with them. It was not just the drug thing of course.

There was the counterculture thing, the distrust and antagonism toward establishment people and practices, and conventional psychologists and conventional psychotherapy were certainly viewed as "establishment."

So they got together in the Fall of 1970, a handful of second year graduate students and this staff psychologist, almost like a club and faculty advisor and they approached the staff and administrator. They would find a place where they would talk to fellow students at night about things that students were troubled with but wouldn't bring to the Counseling Center. They would informally take turns and the psychologist, who looked indistinguishable from them, would advise, consult, and work with them. The staff generally thought it was a good idea. We all thought highly of the graduate students but I suppose we did covertly view their proposal as something akin to what Lucy, Charlie Brown's nemesis, charges a nickel for. And we were glad our colleague had found an outlet for some of his irritating impatience with our traditional way of operating.

They located themselves in the Student Union. They were given a wee corner in a large ground floor room used for ping pong and group T.V. viewing. Some privacy was afforded by wooden partitions on which they taped a hand lettered sign and a few appropriate posters. Inside this nook they had room for little more than two arm chairs and a small table. At first there was little publicity and less business. As I recall most of the time those first nights were spent retrieving ping pong balls that dribbled into their place. They set up shop about 7 p.m. and closed down at 11, when the Student Union closed.

But a situation arose which I think more than anything else aroused them and the rest of us to the possibilities of what something like what they were

attempting to do could really accomplish. A young man, I think he had been a Viet Nam veteran, wandered into their spot one night and revealed himself to be a deeply troubled person. He was suicidal and he was a heroin addict. He returned a number of times, his girlfriend became involved and so did the psychologist. Ultimately others became involved because of an overdose situation but in the end I don't know whether any of us were able to help him very much. But he helped us to see that we had to take seriously what these people were trying to do and we realized we all had to put more time and energy into it.

After about a month or so we moved the group into a large room on the second floor of the Counseling Center. They needed privacy and a telephone. Now of course this move was not made without a lot of agonizing about it. There was concern expressed that working in the Counseling Center building would scare off those people who were distrustful of us in the first place, the very folks we were hoping to reach out to. But we really had no other options at the time since nobody else in the University hierarchy took us seriously yet and no better space was forthcoming.

In daytime hours this new space was being used as a meeting room for conferences, classes, or group therapy so that when the volunteers came on duty at night they literally had to set up shop, moving chairs, partitioning off part of the space for privacy and then putting everything back into place for the next day's activity. However, we began to get material cooperation from the University in that a sign was erected pointing the way to the side entrance to the building and that sort of thing. As a gesture to the counter-culture one of the students painted the entrance door a vivid purple, but the people from physical plant vigorously objected and repainted the door institutional gray.

It was at this time that the Open Door was christened with its name. Now that we had a name we began to take on an organizational and institutional identity. Again this created some problems because we had rules and things like that. First off other students wanted to volunteer as workers. Students in the School of Education's Counseling Psychology Program, Nursing students, and those in the College Student Personnel Program volunteered and were accepted once we could reconcile ourselves to abandoning our elitist attitude that only Clinical Psychology students were trustworthy and competent. I guess our greatest conflict occurred when the issue arose as to whether to accept undergraduates as volunteers. At first we thought Psychology majors would be O.K. but we quickly realized we couldn't discriminate that way.

When only Clinical Psychology Graduate Students were working, supervision was informal, but now it became clear we would have to establish a system for supervision, accountability, and regular scheduling.

All the Counseling Center psychologists became involved in supervising workers and direct supervision of the overall activities of the Open Door is now rotated on a semester or yearly basis among the staff. Now we have separate quarters for the Open Door, a regular budget, a graduate assistant, work study students, an advertising budget, a big telephone bill, psychologists on call every night, regular nighttime hours seven days a week, and high recognition and acceptance by the students and administration. We are now so different from those early makeshift days when we spent so much time retrieving ping pong balls and moving wooden partitions. The volunteers have changed as Dr. Kahn will tell you, we have a formal training program as Dr. Oudry will tell you, and we even do research on ourselves as Dr. Zwibelman will tell you. Last but surely not least Tom Bonner, our graduate assistant, will tell you about all the details and complications of his job.

Whether we have kept pace with the times, outpaced or been outpaced, I can't say. We have helped many students, many who were seriously disturbed, confused, depressed, or suicidal. Perhaps most of all we have afforded our volunteers a meaningful experience that has enriched their college years.

Characteristics of Open Door Volunteers

by

Malcolm Kahn, Ph.D.

Speaking in behalf of the psychologists who have supervised the Open Door over the years, the joy of our roles has been the opportunity to work with bright students who care about other people. We watch them mature, gain confidence, and become educated, sometimes over a four-year period. Hopefully, their work at the Open Door fosters the development of self-confidence, awareness of their own feelings and values, appreciation and acceptance of others' feelings and values, and an ability to work as part of a team. We try to keep track of them as they have gone into careers such as psychology, medicine, business, art therapy, social work, law, nursing, and assorted other paths.

When the Open Door first accepted undergraduate volunteers, we certainly did not expect our volunteers to go into such socially acceptable fields. At best, we thought we were giving special training to people who might man O.D. and bad-trip tents at rock concerts. Since the Open Door's reason for existence was to provide unconventional helpers for unconventional students, we had quite an array of characters, many heavily involved in the drug culture. As the Open Door evolved and the radical psychologists on our staff moved to California, a gradual evolutionary change could be observed in the nature of our workers. They became more conforming, more achievement-oriented and apparently less involved in drugs. One theory holds that they became more like us--the psychologists. Another theory holds that the requirements of working in such an organization-- being on time, attending meetings regularly, filling out forms, in other words dependability and responsibility-- has brought about this evolution. At any rate, as the evolution developed

the organization became markedly more bureaucratic and procedural. There is now a hierarchy with an advisory board composed equally of psychologists and of elected student volunteers and there are team leaders who are experienced volunteers appointed to provide on-the-job training to new volunteers and to make key decisions when required.

Although recent sets of Open Door workers have been dependable and responsible, this should not be taken to imply that they are docile. The juices of their adolescent rebellions are still flowing and often seem to get displaced on to the psychologists. However, the major crises have also seemed to dwindle in the past few years. Sometimes in asserting themselves, the workers are surprising as when they rejected the possibility of obtaining course credit for their involvement with the Open Door.

Volunteers for the Open Door are recruited through advertisements in the campus newspaper, posters, booths at the Student Union, and other available media. Special efforts have periodically been made to entice undergraduate honors students, psychology majors, and graduate students in Clinical Psychology and Counseling. Otherwise, students at all levels and all majors are encouraged to volunteer for the Open Door. Our current staff consists of twelve students in the social sciences, four in business, three in sciences and three in art and music. We typically get our volunteers from these fields along with nursing and sometimes medicine. On the other hand, we have rarely if ever had successful volunteers from the Schools of Engineering or Law.

As for demographic composition of the volunteers, there are some rather clear trends. They are more likely to be from out of town than local commuter students. There is also an underrepresentation of Blacks and Latins

compared to the University's overall student body despite special recruiting efforts. Intellectually, our volunteers tend to get higher grades than the typical student. The mean grade point average for Open Door undergraduate workers this year was 2.89, while the overall undergraduate mean was just under 2.50.

Aside from altruistic motivations, students volunteer for the Open Door to enhance their qualifications for future jobs or graduate school, to become part of a close working relationship with a faculty member, and to develop new friendships with students having similar interests. Volunteers also continue to report that their work at the Open Door gives them a special status with their peers. They become identified as particularly helpful or knowledgeable and are often consulted outside the Open Door. They are such nurturing types of students that they also must be careful not to allow other students to become too dependent on them as counselors. Also they are cautioned to avoid personal friendships with Open Door contacts.

Becoming a full-fledged Open Door volunteer is to a large degree a matter of self-selection based on interest and perseverance. Of 56 students who applied to work at the Open Door, only two were rejected as unsuitable by the psychologists initially interviewing them. However, a large number of the accepted applicants drop out when they learn more about the organization and the commitments required. The size of our student staff has ranged from about 20 to 50 over the years.

Otten and Kahn did a study of the personality characteristics of Open Door volunteers measured by the P.O.I. and supervisor ratings. Workers who scored high on the self-actualizing scales of the P.O.I. tended to be rated as correspondingly high in Empathy and Nonpossessive Warmth. But these workers tended to be rated low in such characteristics as Strength and Gen-

uineness which were considered to be measures of actual effectiveness. Thus, Open Door workers were described as caring and sensitive yet indecisive and tender minded.

When asked how they are unique in a recent seminar, Open Door workers described themselves as more interested in people, more empathic, more responsible, more humanitarian, and more open-minded than the typical student. The latter characteristic of open-mindedness is particularly relevant as Open Door workers, regardless of their prior beliefs, are asked to follow a philosophy of "neither condemning nor condoning" various types of behavior in such areas as drugs and sexuality. They may provide mild cautions and factual information to contacts but must attempt to remain neutral. What is required is a very liberal attitude yet our current groups of workers have not joined their peers in campaigning for gay rights or protesting a recent tuition increase, two hot local issues.

I have a few experiences which are based on my observations of Open Door workers which may be somewhat surprising. First, our team leaders, who include 19-year-old sophomores, may be much younger than some of our trainees, who may be graduate or professional students. Although problems might be anticipated with this arrangement, they have rarely occurred since our younger team leaders are usually bright and very familiar with the organization's procedures. Recently, however, when we had a 30 year-old medical student with a Ph.D. in physics from M.I.T. apply, we began to worry. A related phenomenon is the new volunteer who has previous heavy involvement with another crisis center or hotline elsewhere. Often these volunteers have difficulty in adjusting to the role of trainee and to the specific procedures of the Open Door. Thus, we have had some unusually experienced and

qualified workers who have not fit into this organization.

One other repeated peculiar phenomenon has been the Open Door volunteer who suddenly shows an extreme flurry of energy and enthusiasm--for example, volunteering to repaint the Open Door or to single-handedly initiate a new publicity campaign. Invariably, this burst of energy is a sure sign that the volunteer is about to quit.

We are currently keeping very systematic records on all volunteers to identify factors which predict success in Open Door workers.

The Open Door Training Program
by
Yvonne M. Oudry, Ph.D.

The purpose of the Open Door Training Program is not to make junior psychologists out of the workers but rather to develop their sensitivity and awareness as people. We feel that these are the qualities which are the most important in order for the workers to be able to do their job. In addition to the development of these qualities, we focus upon giving information in certain crucial areas which workers at the Door are expected to have at hand. In order to fulfill these two conditions we have, each semester, eight two-hour training sessions.

Before the training sessions begin, trainees are given an Orientation session which consists of discussing ethics and general operation procedures. Here trainees receive the Open Door's Comprehensive Training Manual which covers procedural guidelines and relevant information about various areas of concern. In addition trainees are given a reading list on drugs, birth control, pregnancy, legal aid and venereal disease which corresponds to some of the material presented at the training sessions. The first three training sessions are geared toward development of rudimentary counseling skills with emphasis upon sensitivity, awareness, and the development of an ability to conceptualize the presenting problem enough to make the decision whether or not the worker can deal with it or it needs a referral. The other sessions are didactic sessions on birth control and pregnancy, venereal disease, legal aid, drugs, and depression and suicide. These didactic sessions are given by outside specialists in their respective fields. At the end of a didactic session some role playing is done that puts into practice what the trainees have learned.

The first session of Basic Counseling Skills begins with people talking in pairs for 10 minutes. The purpose is to: 1) Get to know one another. 2) Discover what brings them here, 3) Talk about each other's motivation to be workers, and 4) What is their interest in the Open Door.

The group as a whole then meets for 15 minutes. The purpose is: 1) To get to know one another, 2) Introductions, 3) To talk about what they have found out about each other.

The above is followed by a discussion of Listening Skills, both listening to others and to self. This is followed by a discussion of General Issues. For example: 1) First impressions are important but sometimes one must revise upon further information. 2) Avoid imposing your situation, behavior and feelings on those of others. 3) Assume nothing---check out reality. 4) Always seek to clarify the problem.

Then follows, in the second hour, two role playing situations with a Caller, a Worker, and an Observer. The last task is a Group Critique where the workers can talk about their feelings of the role playing and some of the problems they have encountered.

The second Basic Counseling Skills session begins with a demonstration tape of a crisis intervention worker and a caller with a problem. This is followed by a discussion of role playing for Worker, Caller and Observer. It is suggested the Worker: 1) Will not solve the problem. 2) Should make comments the caller can get insight with. 3) Concentrate on feelings. 4) Use open-ended questions. 5) Be attentive to certain questions that help shed light on the problem although it is not the problem itself. 6) Be aware of own feelings about self and caller.

The above is followed by two role playing situations and ends with a Group Talk. The Group Talk focuses upon the problems encountered in Role Playing, Value System Conflict, Dealing with Situations and The Anxiety of the Worker.

The third Basic Counseling Skills session begins with a demonstration tape of a suicidal caller. Two Role Playing situations are done and then the group talks about anxiety.

Trainees and regular workers get additional training from their team leaders on the actual shift. An experienced and competent team leader is chosen for each shift. Trainees listen in on calls, become familiar with the educational literature, and learn about the referral file. Team work is considered essential for competent functioning on a shift and a trainee that is not successful in this does not become a regular worker in the same way that trainees who are not successful in Training Sessions or Seminars do not become regular workers. Some trainees are dropped and others must undergo more training.

Another requirement for continued training of trainees and regular workers is the weekly seminars. Here real situations are discussed and role playing continues as a basic learning device. We hope to amplify the training sessions in this way. Also, this gives the workers an opportunity to know the staff of the Counseling Center since each staff member leads a seminar. This is, we have discovered, a very important matter in training for in some ways the workers begin to identify with staff and this strengthens motivation and growth.

Program Evaluation of a Campus Peer Counseling Center

by

Barry Zwibelman, Ph.D.

One of the major subjects that comes up about any help-intended program is, how effective is it. In this paper we present examples of current and future research aimed at a program evaluation of The Open Door, a campus peer counseling center. A program such as this can be evaluated at different levels, with each level of evaluation attempting to answer different questions about the program.

The most basic questions which can be answered by evaluation studies concern a description of the services actually rendered by the program. From near its inception in 1970, The Open Door has maintained records of the situations it has handled. One of the duties of the peer counselors is to make a written entry in a log book of each contact. The information contained in these records includes basic facts such as date, time, sex of client, length of contact, a description of the nature of the presenting problem, a description of the peer counselor's interaction with the client, and a summary statement of how the presenting problem was ultimately handled--including a list of referrals given, if any.

The information contained in the log books has been coded and recorded on computer tape. The result of this information coding and storage process is the existence of a large data bank which is readily accessible for ongoing research. The original idea for generating the data bank was that of Dr. James Hinrichsen and acknowledgement of his sharing in this research effort is hereby extended. The total number of written entries in the log books for the seven school years of operation (1970-1977) have been thus computerized and this report will cover all but the year just ended.

Analysis of Services

The questions which can be asked in this phase of the program evaluation include: How many contacts does the program handle each week, month and year? What are the trends in volume of contacts for days of the week or periods during the semester (such as around final exams)? What are the trends in numbers of phone calls vs. numbers of walk-ins? males vs. females? The same types of questions can also be asked for various kinds of problems presented: How many of each type of presenting problem occur year by year; at which time during the semester; and what are the relationships between type of presenting problems and whether the mode of service is by phone or in person?

Altogether, a total of 34 such combinations of variables were thought to be relevant for study. Here is a flavor of some of the findings: For the first three years of operation there was a rapid increase in the total number of contacts handled, reaching a peak in the 1972-73 school year. Since then there has been about a 15% decline each year. The proportion of phone calls to walk-ins has averaged about 3:1 overall, except that the number of walk-ins has remained relatively steady over the last three years while overall volume has dropped.

The largest number of contacts consistently occur on Mondays with about 16.5% of the total, and the fewest on Saturdays with about 11%. Overall, males have outnumbered females by 1.5 to 1 pretty consistently over the years.

For classifying types of presenting problems, a system of 35 categories has been used. This number of categories has actually been pretty difficult to work with and in the future this will be condensed to about a dozen. At any rate, here are some of our findings about types of problems presented: The largest group of contacts have been requests for general information, with about 20% consistently in this category. This is followed by questions or

problems concerning drugs, which account for an average of 14% of the calls over the years. This, however, has fluctuated during the first four years, then leveled off for the last two.

An average of 10% of the contacts have been from people who have no particular problem but wanted to talk to someone and this is the third most frequent type of contact. The next most numerous category is questions or problems concerning sex, accounting for an average of 10% of the contacts over the years, reaching a peak of 14% for 1973-74, but dropping slightly thereafter. This, incidentally, is the identical pattern for the drug category. The sex category can be further broken down to look into specific kinds of sexual concerns. As an example, for the two-year period 1972-74, there was an unusually high percentage of contacts from women with the specific concern of seeking an abortion. This apparently reflects the conditions of the times when people knew that abortions could be obtained, but didn't yet know where to go. Now that this information is on the radio and in newspapers, this specific type of sexual contact is less frequent, but contacts pertaining to another type of sexual concern, homosexuality, are more frequent.

Although there have been a very small number of actual prank calls (around 1% every year), a category which has occupied a substantial amount of staff effort is that of chronic callers, which accounts for about 11% of all contacts.

Really serious crises and emergencies have rather consistently accounted for a small proportion of contacts. Suicidal contacts have never been more than .5%. Bad trips or other drug crises accounted for 3% of contacts the first year of operation then leveled off to 1% for each following year. On the other hand, requests for drug information rose steeply and leveled off two years ago.

The most noticeable recent trend in the proportions of calls in various categories is a general evening-out of the distribution. That is, for the most recent year of our analysis (1975-76) the top four categories are still General Information, Drugs, Someone to Talk To, and Sex-Related. However, the strength of their lead has decreased, and there have been significant increases in some of the other categories such as Boyfriend-Girlfriend problems, Academic, Financial, and Legal problems and General Medical Information. From these data the conclusion would be that The Open Door has never been a specialized service and it is becoming even more multipurpose in nature.

The next two sections present examples of published research from the data bank.

Relationship of Peer Counseling to
Professional Counseling Services*

*Zwibelman, B. Differences in utilization of professional and paraprofessional counseling services. Journal of College Student Personnel, 1977, 18, In Press.

In this study comparisons were made between the types of problems students brought to the peer counseling facility and to the professionally-staffed Counseling Center over the same period of time. The results show that the two facilities are utilized quite differently by the population of students served. Students show a clear preference for professionals for academic-vocational counseling, social interaction counseling--including both opposite sex and same sex relationships--and for counseling for mild or severe depression. The peer-staffed facility had far more contacts for drug and sexual concerns, and for general information about campus and community matters.

Preference for the peer counseling facility for certain problems seems to be due, at least in part, to the availability of the telephone as a mode of service. For example, for sexual concerns, the peer center had a preponderance of phone contacts over walk-ins for questions or problems related to sex, while the Counseling Center saw many more students in person than did the peer center for this category of problems.

Evaluation of Training**

**Zwibelman, B. and Hinrichsen, J. Effects of training on peer counselor responses to human sexuality problems. Journal of Counseling Psychology, 1977, 24, In press.

This study examined the effects of the human sexuality training program on the manner in which The Open Door peer counselors dealt with questions or problems related to pregnancy, birth control, or abortion. From records of 721 such cases, each case was categorized on the basis of the manner in which it was processed by the peer counselors. There were three categories: (1) Counseling only--cases which were handled solely by the peer counselors, obtaining closure, and in which no referrals were given. (2) Referral only--cases in which the peer counselors acted essentially as referral agents, providing no actual counseling. (3) Counseling + Referral--peer counselors provided significant counseling and also provided at least one referral.

Results indicated that following the institution of a formal training program in the area of human sexuality, peer counselors functioned significantly less frequently solely as referral agents and significantly more frequently provided direct counseling or counseling plus referral for human sexuality cases. This change did not occur for their manner of processing cases of non-sex

related personal problems over the same period of time. That the effects of training were specific to the target class of problems has implications for others involved in the development of training programs for paraprofessionals. Our research suggests that separate training programs are probably necessary for different content areas, and this has in fact been the structure of our training program.

The Open Door from Bottom to Top:

A Graduate Student's View

by

Thomas Bonner, M.S.

I have the singular distinction of being the only member of this panel who has actually been an Open Door volunteer. I'm now nearing the end of my fourth year in clinical psychology, and in those four years I've worked my way up from the status of a lowly trainee, to team leader, and now to my present position as the Graduate Assistant, Student Coordinator, or Director, depending on who I'm talking to at the time.

The Open Door provided me with my first real clinical experience and training, and as I look back on it now, I have to consider it an invaluable contribution to my initial growth as a clinician. I was exposed to solid, programmatic training and supervision in basic counseling skills and values. I was able to "get on the firing line" and experience for the first time the pressure and responsibility of responding to a client and making quick and hopefully helpful decisions, something a clinical psychology graduate student both yearns for and fears from the first day in graduate school.

Perhaps more importantly I learned an attitude of humility, which I believe is so much an important part of a clinician's self-concept; it is certainly essential to a graduate student's self concept. I became aware of the limitations of the role of the helper--that you always try as hard as you can just the way you were trained, but that you cannot help everybody, that you can't "save" anybody, really, and that you shouldn't feel like a total failure when things don't work out. I learned to accept supervision and direction

from undergraduates who were younger than I, and sometimes less intelligent than I--they were my superiors in the organization and they were competent, well-trained peer counselors who really took their work seriously. Finally I learned about making mistakes, errors in clinical judgment, if you will. I learned that it is not the end of the world when you make one, though it is often quite serious; I learned how to discuss my own mistakes with psychologists and groups of peers, productively, and without experiencing an attack of anxiety hysteria.

My present position as an administrator involves a number of activities: I'm charged with the major portion of scheduling various organizational activities, including scheduling the actual working hours (for instance, who works on Saturday night), also times for training sessions, social gatherings, and publicity-oriented functions. This year I have done only a slight bit of direct training and supervision, something I would like to do more of. A major amount of my energy goes into publicity, an area that has very unique problems for the type of organization we are. We want to present an image to the students that is serious, warm, understanding, timely (or contemporary), and competent, all in an attractive, attention-getting way. It is a difficult task to say the least, and we have had many discussions of the various ethical and moral issues involved in advertising our services. I also serve as a liaison person between the psychologist-supervisors and the student volunteers. My function here is that of trouble-shooter, talking to volunteers whose work or attitudes are not at a satisfactory level. Though this duty can often be unpleasant and anxiety-provoking for me, it provides valuable experience in being tactful, honest, and in not assuming responsibility for someone else's discomfort. An even more important role for me is being the bearer of bad news--

usually that means giving somebody the ax, in some way, shape, or form. It is not a role I care to take on at all, but decisions like that are part of the life of any organization, and in this one it is often my job to effect those decision.

I feel there is an art to running any organization well, and there are some particular issues which are unique to volunteer organizations such as the Open Door. I'm distantly aware of some of the research literature on leadership styles--importantly, the most efficient, business-like style is not always the most fulfilling for the members of the organization. I have learned that instead of taking on all the responsibility myself for making sure things get done, it is often better to delegate some of those responsibilities to the volunteers--many of them want to be involved in the physical labors which are a large part of organizing any activity. This is one of the important areas where organizational morale can be built, but only to a point; the minimal time commitment to the Open Door is sizeable, 6 to 8 hours a week, and many students find it difficult to become even more involved by giving any more of their time.

Another important issue that we are all concerned with is that of the quality control of our services and the performance of our workers. Crisis intervention and peer counseling is serious business and we all take training and supervision quite seriously. Each worker has a moral obligation to the university students and to the organization itself to perform competently; this obligation extends further to the Counseling Center psychologists who assume legal responsibility for our services. Complicating these matters is the unfortunate fact that we don't always receive as many calls as we would like to. This has a significant negative effect on the volunteers' morale

and feelings of accomplishment and usefulness. It is difficult to motivate the volunteers to work even harder, to evaluate them as less than competent, or to threaten them with no promotion or even dismissal, when they don't feel fulfilled and eager to work because there isn't enough work to do.

As a program, the Open Door has a number of alternatives for the future. It appears obvious that just as Dylan's song says, "the times, they are a-changin'," and that they have "a-changed" considerably since the inception of the Open Door in 1970. The air of tension, protest, and social concern, so much a part of the campuses of 1970 no longer seems to be present in '77. Drug usage patterns have changed from major hallucinogens to less mind-boggling, often more depressant sorts of drugs like alcohol, marijuana, and barbiturates. This has resulted in far fewer drug-related emergency or crisis calls received at the Open Door.

For the future, two major directions for change in the Open Door are now being considered. The first has to do with publicity--since we are not experts in the field of advertising we have negotiated with the Marketing Department at the University to allow a senior undergraduate student to work with the Open Door as an independent study project. We have high hopes that this collaboration will result in an appealing and effective advertising campaign. Second, we are considering new sorts of programs we might undertake in addition to our present operation which would increase our community-psychology, prevention-oriented activities. We have discussed such ideas as having the student volunteers give short talks or presentations to groups of students in dormitories or social clubs. Of most interest might be topics such as birth control, abortion, V.D., drug information, study habits and legal issues.